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ABSTRACT

This manual is designed to help the National Health Service Corps practitioner plan for and obtain continuing medical education. Three introductory sections explain what the manual is about, for whom it is designed, and some of the problems in obtaining continuing medical education. The remaining portion of the manual helps practitioners answer the following questions as they plan for continuing medical education: (1) What do you want from your continuing medical education?: (2) What are your specific learning objectives?: (3) What are possible formats for continuing education?: (4) How do you identify appropriate resources?: (5) What steps do you take to obtain leave?: (6) How should you prepare for the continuing medical education program?: and (7) How can you evaluate the continuing medical education program? Appended is a list of programs that can be used for self-assessment, practice evaluation, and developing a personal learning plan. (LRA)

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CONTINUING MEDICAL EDUCATION

FOR

NATIONAL HEALTH SERVICE CORPS PERSONNEL

A MANUAL FOR PROVIDERS

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TABLE OF CONTENTS

		PAGE
1.	WHAT IS THIS MANUAL ABOUT?	1
2.	FOR WHOM IS THIS PAMPHLET DESIGNED?	1
3.	WHAT ARE SOME OF THE PROBLEMS IN OBTAINING CME?	2
4.	WHAT DO YOU WANT FROM YOUR CONTINUING MEDICAL EDUCATION?	4
5.	WHAT ARE YOUR SPECIFIC LEARNING OBJECTIVES?	6
6.	WHAT ARE POSSIBLE FORMATS FOR CONTINUING EDUCATION?	7
7.	LOCATING APPROPRIATE RESOURCES	11
8.	WHAT STEPS DO YOU TAKE TO OBTAIN CME LEAVE?	11
9.	HOW SHOULD YOU PREPARE FOR THE CME PROGRAM?	12
10.	HOW CAN YOU EVALUATE THE CME PROGRAM?	13
11.	SUMMARY	14
12.	TABLE ONE	15
13.	APPENDIX	16

WHAT IS THIS MANUAL ABOUT?

This is a brief pamphlet produced by the National Health Service Corps to help you obtain the necessary continuing medical education support so that you can practice the quality of medicine that you want to in your own locality. This pamphlet talks about some of the things you can do as practitioners to better define your own needs for further education. Also, it covers some of the advantages that you have working for the NHSC, which include linkage to a clinical support system in your region that can help solve many of your continuing education problems. In addition, we are listing a number of resources for self-assessment programs and correspondence courses.

FOR WHOM IS THIS PAMPHLET DESIGNED?

This pamphlet is designed for the NHSC medical practitioner whether you are a physician, nurse practitioner, or physician's assistant. Everybody has needs for continuing education of some sort. These are some common reasons:

- Perhaps you are in a state that requires continuing medical education credits to maintain your licensure.
- Perhaps you belong to the American Association of Family Practitioners which requires continued proof of continuing education exposure.
- Perhaps you have started into practice having left a large medical center and are now by yourself in an isolated area and you discover there are many skills and techniques that you never had a chance to learn but which are critically necessary for you; delivering a baby, doing a dilitation curettage, or setting a fracture.

- Perhaps now, for the first time, you are seeing cases of croup in children or something else that never crossed your path in medical school.
- Perhaps you have seen other practitioners in your local area who are practicing out-of-date medicine (using chloramphenicol to treat acne or some other treatment regime which you find absolutely inappropriate). You ask yourself, "Is that what I am going to be like in 10 years?"
- Perhaps you have gone into the NHSC with a feeling of wanting a rural practice that is of the same intellectual quality as a specialist practice in a big city. You have visions of being able to do this in your own lifestyle and your own locality but maintaining a sense of pride in the quality of your medical care.
- Perhaps you are in the NHSC for a couple of years and no more, and you want to keep in touch with what is going on in the outside world so that when you go back into your residency training or look for a job in a big city you won't feel completely left out of discussions of modern techniques.

WHAT ARE SOME OF THE PROBLEMS IN OBTAINING CME?

There are two main problems that make it difficult for many of us to receive the continuing education that we want. First, hardly any of us has enough time to pursue our continuing education needs. If we are working alone or in a two person practice, it is very hard to get away for a long period of time. Even if we are in a large group, the pressures of practice and the need for free time for one's own mental health get in the way of pursuing continuing medical education. Frankly, CME is a low priority for most of us.

The second major problem is that too often the available continuing medical education courses are inappropriate. They waste our time. Lecturers talk about the latest scientific advances and laboratory tests that are available only in tertiary care centers. They may be boringly dull. The topics covered may not be relevant to our own personal needs in the field. We may need to learn how to apply casts to simple fractures. However, the only continuing education courses in orthopedics consist of lectures on recent orthopedic advances.

For too long, physicians have been under the control of a medical education system that is not sensitive to their personal needs. Throughout medical school, the students, as you well remember, sit in conference rooms or laboratories and listen to the lecturers, do the laboratory tests, read the texts that the professors feel are most appropriate to their education. You have very little choice or ability to choose your own directions. The same is true in most residency programs. The program director determines what rotations are available. The faculty develops the curriculum of conferences and it is up to you as a resident to fit into their system.

It has long been known that this approach to adult education is inappropriate. Adults are not dependent individuals. Part of the definition of becoming an adult is that you decide that you are capable of making decisions concerning your own life. This holds true in the area of education. You are in a position to choose what you want to learn and what you need to learn for your own work situation. You bring to any learning situation a wealth of past information and experience that either can be ignored or expanded upon by the teacher. By the time you are looking for continuing

education courses, you know what you need to learn and you have specific demands of the educational system. Up to now, it is very difficult for physicians to find learning systems that respond to them as adults and to their particular needs. This becomes much more important for physicians who have so little time available for their continuing education. Every hour, every day, should be carefully planned to maximize the physician's learning of what is relevant.

One of the advantages of working in the NHSC is that there is within the Corps a growing sense of the importance of adult-oriented continuing education and a sense that the continuing education of the health care professional in practice should be determined and planned by himself. This is one of the major reasons we have a Regional Clinical Coordinator in the regional office to help respond to these needs and why in many areas there are medical school continuing education projects that respond to your particular requests. We will go into this in greater detail further on.

WHAT DO YOU WANT FROM YOUR CONTINUING MEDICAL EDUCATION?

The most important step you can take is to clearly define your needs for continuing education. Then, and only then, can you figure out what courses to look for, what to ask the regional CME program for, and how to choose between competing possibilities. There are perhaps three dimensions you need to evaluate to determine your needs for educational help. First, you have to look at your own medical background. Each of us comes from a different and unique background depending upon our interests in medical school, what rotations we took, what particular group of patients we cared for on the wards, etc. Only you can define what your medical background is.

Are you scared to death every time a patient with vaginal bleeding presents in your office? Are you confused by all of the conflicting ideas on what constitutes an adequate preventive examination? Do you find treating alcoholics distasteful? You know what problems you can handle competently and what problems bother you. However, all of us, and rightly so, fear our own subjective evaluations. Some of us would like to turn to a more objective way to assess our skills. If this interests you, there are several ways you can obtain formal self-assessment. A list of some appropriate self-assessment tests is listed in the appendix. From this list, you could choose a program that would be appropriate to your background and practice.

The second dimension is to understand what your practice is. Once again, you can decide what kinds of problems you are particularly concerned about. You may remember cases that have bothered you, patients that have done poorly. Or, you might want to prepare for something that might happen to you such as a woman in the third trimester presenting with preclampsia. At another level of sophistication, it is possible to analyze your practice to find out actually what kinds of problems you see most commonly. This can be done in a number of ways. If you work in a large clinic that has a computerized data retrieval system, you could get a print-out of all the diagnoses you have seen in the last month arranged by diagnostic classification. Or, if that is not available, you can keep a log of all your patients listing their problems and coding them according to something like the "E" Book or the ICDA classification of diseases. If you want to become more sophisticated yet, the University of Wisconsin has a program to develop computerized individual physician profile based on your practice. (The Wisconsin

Individual Patient Profile). One of these methods, whether it be a very unsophisticated estimate or a thorough computerized evaluation, should be used to help set your priorities in terms of your patients' needs for quality medical care.

WHAT ARE YOUR SPECIFIC LEARNING OBJECTIVES?

Once you have defined your needs for continuing education, it is important to write down your objectives for continuing education. The Illinois Council on Continuing Medical Education puts out a handbook called, "Your Personal Learning Plan" which gives several steps to help you arrive at a personal learning plan and following it. However, without getting that detailed, you should write on paper, what you have defined as your priority educational needs for the next 6 months to a year. Probably, it is wise to choose no more than 3 - 4 topics that are critically important to you. You should then analyze your needs or objectives in more detail. First, what kind of learning do you need:

a. Knowledge: To acquire facts, concepts, and principles relevant to your practice.

   e.g. - What antibiotics are most appropriate in the pediatric age group?

   e.g. - What are the common causes of chronic arthritis and its differential diagnosis?

b. Diagnostic operative skills: To learn how to perform certain procedures.

   e.g. - How to perform peritoneal lavage after blunt abdominal trauma.

   e.g. - How to fit contraceptive diaphragms.

c. Problem-solving skills: To learn how to analyze a problem into its component parts and develop an appropriate solution.

e.g. - How to evaluate intra-uterine growth retardation.

d. Attitudinal changes: To become more comfortable managing certain problems that are boring or distasteful.

e.g. - How to make well-child exams more menaingful and stimulating.

e.g. - How to deal with hypochondriacs without becoming frustrated.

If you have kept up with this pamphlet to this point, you must be asking yourself, "Why should I go through all these steps to prepare for my continuing education? I don't have enought time for this kind of "mickey mouse". It is hard enough to find time to read journals and get away to meetings." That is the point of these exercises, which really don't take much time. You have so little time available for continuing education, that you have to plan carefully to maximize the value of the time and dollars you spend on CME. If you are satisfied with reading one or two journals and going to whatevery meetings are nearby, then this exercise is not for you. But, if you have feelings that there are certain things you want and need to learn, it is better to spend some time carefully defining what you need to learn. Then, you are in a position to choose among possible programs or better yet, develop your own personalized study program with the Regional Clinical Coordinator or nearby medical school coordinator.

WHAT ARE POSSIBLE FORMATS FOR CONTINUING EDUCATION?

At this point, if you have kept up, you have a list of objectives and some indication of what kind of learning you need to satisfy each. The next question is what kind of program is appropriate to achieve your objectives.

Table I lists various kinds of education programs categorized by whether they are directed at a single individual or at a group of learners. The purpose of this table is to show you the wide range of possible approaches and how they relate to the kinds of learning needs mentioned above. Some are hypothetical in that specific programs do not as yet exist. However, if such an approach appeals to you and is appropriate to your learning objectives, there is no reason why you should not push your Regional Clinical Coordinator and your nearby medical school into tailor-making a program for your specific needs and interests. That is what we mean by being director of your own continuing education.

Reading is an efficient way to find out about new facts. One can have a reading program that covers a broad area such as reading a certain number of journals on a regular basis or it may be very objective specific such as asking for a literature search on a specific disease topic and reading those articles in depth. Reading is usually a solitary activity; however, a well organized journal club that shares important articles from a variety of sources can be a stimulating way of keeping abreast of medical developments.

The lecture approach is also a method for learning facts. Recorded tapes such as Audio Digest are one way for an individual to learn by the oral method. Most traditional CME programs use the lecture approach. Since most of us are familiar with the positive and negative aspects of lectures, it is not necessary to discuss its merits further.

Repetition is usually frowned upon as a learning approach. However, in certain situations, it can be very beneficial. An example is the American Health Association's Cardio-Pulmonary Resuscitation courses. Their approach is that physicians should develop automatic reflex actions to deal with cardio-pulmonary emergencies. They find that by repetition the physician or lay person can quickly respond appropriately to an emergency situation. On an individual basis, many program medical instruction texts focus on repetition of basic material.

In a discussion or workshop, the resource person interacts with the learner. This can be done on an individual basis with a tutor or on a group basis. These approaches are particularly suited for objectives relating to developing new attitudes or improving problem-solving skills. For instance, a physician who wants to learn more about simple psychotherapy could form a working relationship with a psychiatrist and discuss selected case problems with his tutor. Workshops can allow for dialogue between the expert and the conference attendees so that there is an opportunity for an interchange of information and sharing of problems.

Demonstrations are one method for showing others how to perform certain procedures. This can be done by video-tape or a workshop demonstration approach.

Practice sessions are an extension of the demonstration process in which the learners actually participate in performing the procedure. Examples might include an individual doing a "mini-residency" in an orthopedic clinic where he would learn how to cast simple fractures. Workshops can also include practical "hands-on" experience where the

attendees can practice inserting IUD's into plastic models, practice suture technique on pig skin, or examine a series of patients with neurological deficits. Certainly, this method would be an important approach to solving learning problems related around learning new skills.

The final area listed in the chart is research. We often forget that some of the best learning takes place during a concentrated study of a particular problem. This can include an individual practitioner selecting a problem within his practice and carrying out simple descriptive research, or a therapeutic trial as sophisticated as he feels like doing. It can also include your participating in a research project at a nearby institution. In this case, probably all methods of learning including literature review, discussion with a tutor or an expert, and practical experience would be necessary before the research project could get under way, but the results in terms of understanding would be commensurably greater. Carrying out a research project might be particularly important for physicians who have a sense of pride in their work and a sense of wanting to maintain a university type of sophistication to their personal medical practice.

So, you see that there is a wide variety of educational approaches from which to choose. If you want to make the most of time spent in continuing medical education, it is important first that, as we mentioned before, you define your educational objectives very carefully looking specifically at your needs for knowledge, for skills, for problem-solving abilities, and for attitude development. Then, once you know what you really would like to learn, you need to look at what educational approaches would be most appropriate to you given your needs and given the resources in terms of time and finances that you have available.

LOCATING APPROPRIATE RESOURCES

As a member of the NHSC, you are in a fortunate position compared to other rural physicians since you have access to a clinical support system in your area. This system is designed primarily to respond to your clinical needs. The first resource avilable to you is your Regional Clinical Coordinator in the Regional HEW office. He/she is a physician who has had experience practicing medicine in a rural area like yourself. He should be able to give you some advice as to where you would solve some of your continuing education problems, where you might find a sympathetic preceptor, where you would find a list of available continuing education courses, etc.

In addition, certain areas of the country have NHSC continuing medical education programs in nearby medical schools or area health education centers. Your Regional Clinical Coordinator would know if you have such a center in your area. If there is, there should be a physician or a group of physicians there that make an attempt to visit you regularly, or contact you by telephone to find out what your needs are. These medical school physicians should be able to arrange tutorials or mini-residencies and, hopefully, will develop continuing education programs that are truly relevant to your needs in the field. If you have such a program in your area, make sure you bring your list of problem areas to the Director so that together you can create your own unique learning program.

WHAT STEPS DO YOU TAKE TO OBTAIN CME LEAVE?

One of the facts of life of being in the NHSC is that you are part of a bureaucracy and have to respond to that bureaucracy's procedural methods.

It is important when seeking continuing education credits that you follow the appropriate procedures. The Professional Policy Manual states that you are entitled to five consecutive days per year of continuing education programs and an additional half day per week for continuing education for which you will receive travel and per diem allowances not to exceed $600 per year. In order to obtain this leave, it is important that you carry out the appropriate procedures.

1. You must check with the appropriate administrative staff person or Board representative of your site to discuss your educational leave dates and arrange for coverage of the clinic.
2. You must send a letter of request to your Regional Program Consultant. This letter should include a copy of the brochure or a brief description of the program as well as dates, cost, and travel plans.
3. Send in a leave slip co-signed by the appropriate person from your clinic organization.
4. Please allow the regional office at least three weeks to process request and issue travel orders.

Your state Coordinator or the Project Officer for your clinic, or the Regional Clinical Coordinator all should be able to help you expediate the necessary paper work.

HOW SHOULD YOU PREPARE FOR THE CME PROGRAM?

Before you go to a program whether it be a conference, a workshop, or a mini-residency, you should review your learning objectives. You should look at the learning objectives in even greater detail and perhaps go so

far as to make a list of specific questions you want answered, problems that you want an approach to solve, specific procedures you want to learn how to perform, or an attitude change you would like to see in yourself. The more carefully you think out things ahead of time, the more you will get out of the program. If it turns out to be completely irrelevant, at least you may be able to button-hole the speaker during the coffee breaks and ask him your specific questions. At best, you will participate in a discussion group where your own particular needs and concerns can be brought up directly for the group.

HOW CAN YOU EVALUATE THE CME PROGRAM?

Just as it is important to develop your own objectives for what you want to learn, it is important for you to evaluate the programs you attend to determine if they met your needs or not. This will allow you in the future to choose more appropriate programs if necessary and to modify your objectives to meet those which have not yet been satisfactorily met. Hopefully, any formal educational program you attend will include an evaluation of the process itself which will allow you to give the teachers some feedback on how effective they were. The first step to evaluating the program would be to go through your list of questions and see if you can answer them satisfactorily. Another approach would be, if you participated in a self-assessment program, to go back through the parts of that self-assessment exam relevant to the conference and take the test again to see whether your grade would be better the second time. It is possible to do a chart audit on a selected series of your cases to see whether your

management of those cases would be different now following the results of the educational program. If you find on a chart audit that you have serious deficiencies in your approach, it would be wise to schedule a repeat chart audit in about three months to see if you have retained the information you learned in the educational program. These are some ways that you as an individual somewhat subjectively can evaluate whether you actually learned what you needed to learn from the program.

SUMMARY

In this short pamphlet, we have covered some concepts of continuing medical education that might make it easier for you to plan your professional development in spite of the fact that you have a limited amount of time and are working in an isolated area.

We have stressed the need for you to carefully define your needs for continuing education. We also listed some of the alternative learning methodologies and suggested which ones would be appropriate for which kinds of learning needs. We concluded with a few comments on NMSC procedures for attending conferences and some ideas on evaluating learning experiences.

TABLE ONE

	INDIVIDUAL	GROUP
Reading	Reviewing journals Text books Literature search	Journal Club
Lecture	Audio digest	Traditional CME program
Repetition	Programmed instruction program	Programmed group instruction (Cardio-pulmorary resuscitation)
Discussion/workshop	Tutorial	Workshop
Demonstration	Video	Workshop demonstration
Practice Session	Mini-residency	Workshop with practical hands-on experience
Research	Conduct research within confines of the clinic	Participate in an ongoing research project

APPENDIX

A. Self-Assessment Programs

1. Pre-Test Family Practice Assessment Program
P.O. Box 330
71 South Turnpike
Wallingford, Connecticut 06492

This pre-test examination program is designed to help physicians who are interested in self-assessment in preparation for either certification or recertification by the American Board of Family Practice. It includes 180 multiple-choice questions and 8 latent image patient management cases. An answer booklet comes with the test, and there is a computer scoring service that gives percentile ranking.

Fee: $20.00

2. Physician's Evaluation and Educational Review II
Sponsored by the American College of Emergency Physicians
3900 Capital City Boulevard
Lansing, Michigan 48906

This test covers 13 areas in clinical emergency medicine with 263 multiple-choice questions with charts, illustrations, photographs, roentgenograms, electrocardiograms, and case histories. May be self and/or computer scored.

Fee: $100.00

3. Core Content Review of the Connecticut and Ohio Academies of Family Physicians

Arthur N. Schuman, Director
Core Content Review Project
Connecticut and Ohio Academies of Family Practice
179 Allyn Street Suite 304
Hartford, Connecticut 06103

Multiple-choice questions and simulated patient management problems. Approved for 18 hours of prescribed American Academy of Family Physicians credit.

Fee: $60.00

4. Medical Knowledge Self-Assessment Program V
American College of Physicians
4200 Pine Street
Philadelphia, Pennsylvanie 19104

800 multiple-choice questions plus simulated patients covering 10 subspecialty areas of internal medicine sent out over a 9 month period with computer scoring. Approved for 105 hours of American Medical Association CME credit.

Fee: $150.00

5. Personal Assessment for Continuing Education (PACE 8)
Department of Educational Affairs
American Academy of Pediatrics
1801 Hinman Avenue
Evanston, Illinois 60201

A study program offered by the American Academy of Pediatrics designed for pediatricians in practice. It contains multiple choice questions, and patient management problems with an answer sheet and key, discussions, and references. Approved for 10 hours of AMA CME credit.

Fee: $75.00

6. Clinical Simulations: Selected Problems in Patient Management
Department SK
Appleton-Century-Crofts
292 Madison Avenue
New York, New York 10017

20 clinical simulations in 424 pages using latent image techniques. The cases, both major and minor, are so varied and challenging as those met in daily practice.

Fee: $23.50

B. Self-Assessment and Practice Evaluation

1. University of Wisconsin Individual Physician Profile

Individual Physician Profile
University of Wisconsin Extension
Department of Continuing Medical Education
Room 465 WARF Building
610 Walnut Street
Madison, Wisconsin 53706

There are three parts to this program:

a) Profile: The physician records data on a tape recorder on all patients seen during four different days in a month. From this, a practice provile is developed. Fee: $35.00

b) Testing: A test of 125 questions based either on the profile or if profile is not obtained on a composite Family Practice profile. It has an answer sheet included plus the program scores and analyzes the results. Fee: $20.00

c) Consultation: An educational consultant will call you after examining the profile and test results to help plan a personal continuing education program. Fee: $25.00

C. Your Personal Learning Plan

1. Illinois Council on Continuing Medical Education
   55 East Monroe Street Suite 3510
   Chicago, Illinois 60603

   This short booklet helps you organize most effectively the limited time available for CME.

   Cost: $3.00